

FORM  
42  
Rev  
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OGCC RECEPTION

Receive Date:  
01/24/2014

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**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 46290 Contact Person: Susana Lara-Mesa  
Company Name: K P KAUFFMAN COMPANY INC Phone: (303) 825-4822  
Address: 1675 BROADWAY, STE 2800 Fax: (303) 825-4825  
City: DENVER State: CO Zip: 80202 Email: slaramesa@kpk.com  
API #: 05 - 123 - 11672 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: LEWIS #2-20  
Sec: 17 Twp: 4N Range: 66W QtrQtr: NENW Lat: 40.317360 Long: -104.803910

**OFFSET MITIGATION COMPLETED**

This well was mitigated per the Offset Horizontal Policy. Permitted horizontal well requiring mitigation - API # 123-38086  
Appropriate documentation for mitigation has been/will be submitted.

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Susana Lara-Mesa Email: slaramesa@kpk.com  
Signature: Susana Lara-Mesa Title: Engineering Project Mgr Date: 01/24/2014